MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10212364 **APPLICANT(S)** **FILING DATE** 11-12-03

CLAIMS

Claim	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7	1					
8		1				
9		2				
10						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	9					
TOTAL CLAIMS	11					

Claim	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						